

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO. <u>70/785,467</u>	FILING DATE					
							APPLICANT(S)						
							CLAIMS						
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT									
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
1	1						31						
2							32						
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49													
50													
TOTAL IND.	2	1	1	1			TOTAL IND.						
TOTAL DEP.	9		5				TOTAL DEP.						
TOTAL CLAIMS	11		6				TOTAL CLAIMS						